

CERTIFICATION BY EMPLOYING AGENCY

to

Peace Officers' Annuity And Benefit Fund of Georgia

P.O. Box 56
Griffin, Georgia 30224
(770) 228-8461

NOTICE: Georgia Law provides as follows:

"Any person who knowingly furnishes false information for the purpose of becoming a member of the Fund, or for receiving credit for service to which he is not entitled, or for receiving benefits hereunder, or any person who knowingly assists in doing any of the foregoing things, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished as for a misdemeanor."

Date _____

1. Name of Employee (or Former Employee): _____

2. Present or Last Known Address: _____
Street City

3. Date of Birth: _____ Social Security No.: _____

4. Employing Agency and Department: _____

5. Employing Agency Telephone No.: _____

6. What Is/Was Employee's Title? _____
(Policeman, Sheriff, Warden, Guard, Trooper, etc.)

7. Is this employee required to be certified under provisions of Peace Officer Standards and Training Act? _____

8. If this employee has/had duties other than general law enforcement, please explain what these duties are/were:

9. How many hours per week does/did the employee devote to this job? _____

10. What was the beginning date of this employment? _____
Month Day Year

11. What was the ending date of this employment? _____
Month Day Year

12. Employee's last/present monthly salary? _____

13. Please list any periods that this employee was not employed during this time including any periods during which no salary was paid, such as suspensions or sick time in excess of authorized sick leave.

14. If Employee was employed by this employer before this present employment period, please give dates and positions held.

15. Is/was this employee required to post bond for this employment?

16. Does/did the employee have power and authority to make arrests?

Under what law is such authority given?

17. Does/did the employee serve civil processes and other official papers?

18. Does/did this employee have custody of prisoners? _____

If so, was he armed?

19. Is there a written job description covering the position of this employee? _____

I hereby certify that the information given above is true and accurate as the same appears on the records of

Give under my hand and seal this _____ day of _____

*To be signed by a representative of Employing Agency
with access to Personnel Records.*

Signature _____

Witnessed by Notary or J.P.

Title of Signer _____